

United States Courts
Southern District of Texas
FILED

FEB 12 2018

David J. Bradley, Clerk of Court

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

Cause Number: _____

(The Clerk's office will fill in the Cause Number when you file this.

Plaintiff: Kamme O

(Print first and last name of the person filing the lawsuit.)

And

Defendant: TEXAS A&M UNIVERSITY SYSTEM

(Print first and last name of the person being sued.)

In the

(check one):

☒ District Court☐ County Court / County Court at Law☐ Justice CourtCourt
Number

BRAZOS

Texas

County

**Statement of Inability to Afford Payment of Court Costs
or an Appeal Bond in Justice Court****1. Your Information**My full legal name is: Kamme O My date of birth is: _____
First Middle Last Month/Day/YearMy address is: (Home) 3503 Winding Road, Hearne, Texas 77859
(Mailing) *same as above*

My phone number: 979-575-1091 My email: AggieCarpenterMom@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1		
2		
3		
4		
5		
6		

2. Are you represented by Legal Aid?☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

☒ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☐ I am not represented by legal aid. I did not apply for representation by legal aid.**3. Do you receive public benefits?**☒ I do not receive needs-based public benefits. - or -☐ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☐ Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ 0 in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ 0 in monthly unemployment. I have been unemployed since (date) 02-12-2016.

\$ 0 in public benefits per month.

\$ 0 from other people in my household each month: (List only if other members contribute to your household income.)

\$ 1234.34 from ☒ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (if available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ 1234.34 is my **total monthly** income.

5. What is the value of your property?

"My property includes:

	Value*
Cash	\$ 20.00
Bank accounts, other financial assets	
BOA Checking	\$ 641.16
BOA Savings	\$ 84.33
	\$ _____
Vehicles (cars, boats) (make and year)	
2004 Saturn ION	\$ 428.00
1987 Jeep Comanche	\$ 250.00
	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	
	\$ _____
	\$ _____
	\$ _____
Total value of property	→ \$ 1423.49

6. What are your monthly expenses?

"My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ 530.00
Food and household supplies	\$ 150.00
Utilities and telephone	\$ 270.00
Clothing and laundry	\$ 0
Medical and dental expenses	\$ 75.00
Insurance (life, health, auto, etc.)	\$ 60.00
School and child care	\$ 0
Transportation, auto repair, gas	\$ 100.00
Child / spousal support	\$ 0
Wages withheld by court order	\$ 0
Debt payments paid to: (List)	\$ 0
Rooms to Go	\$ 50.00
	\$ _____
Total Monthly Expenses	→ \$ 1235.00

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed)

Unsecured credit cards have gone unpaid 2016 to present: Dillards \$1200+, Home Depot \$3000+, Macy's \$1100+, Kohls \$1500+

Type 2 Diabetic = haven't had LAB tests since TAMU terminated my job 01-29-2016. Do not qualify for Medicaid at age 51".

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐

8. Declaration

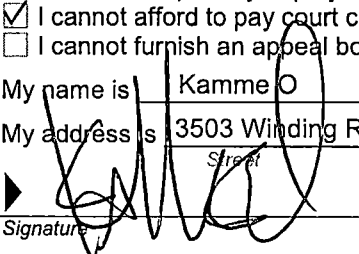
I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☒ I cannot afford to pay court costs.

☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is Kamme O. My date of birth is : _____

My address is 3503 Winding Road Hearne Texas 77859 U.S.A.
Street City State Zip Code Country

Signature  signed on 02/ 09 /2018 in ROBERTSON County, TEXAS
Month/Day/Year county name State